

# Commonwealth of Virginia



## APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

I/we hereby make application to the \_\_\_\_\_ Health Department for  
a permit to operate a: Restaurant \_\_\_\_\_ Service Station \_\_\_\_\_ Summer Camp \_\_\_\_\_ Campground \_\_\_\_\_  
Motel \_\_\_\_\_ Howl \_\_\_\_\_ Migrant Labor Camp \_\_\_\_\_ Other \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Owner (s) \_\_\_\_\_  
Address (es) \_\_\_\_\_  
Name of Operator: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
WATER SUPPLY: Private \_\_\_\_\_ Public \_\_\_\_\_ SEWAGE: Private \_\_\_\_\_ Type \_\_\_\_\_ Public \_\_\_\_\_  
Method of Solid Waste Disposal: \_\_\_\_\_  
Number of: Rooms \_\_\_\_\_ Campsites \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Persons Housed \_\_\_\_\_

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of Applicant or Person Authorized by Applicant to Sign this Application

\_\_\_\_\_ Title \_\_\_\_\_  
Address: \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

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### FOR OFFICIAL USE

Type of Permit: Food Service \_\_\_\_\_ Mobile \_\_\_\_\_ Seasonal \_\_\_\_\_ Institutional \_\_\_\_\_ Counter Freezer \_\_\_\_\_ Other \_\_\_\_\_  
Approved for Permit \_\_\_\_\_ Date Signed \_\_\_\_\_ Sanitarian \_\_\_\_\_  
Permit No. \_\_\_\_\_ Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Remarks: \_\_\_\_\_